NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form	should be	filed after the	e Committee	qualifies as a	multicandidate	committee.

) NAME OF C	OMMITTEE IN FULL UE AIRWAYS CORPORA RNMENT FUND (JETBLU	TION CREWI									
(b)	Number and	Street Address JEENS BOULEVARD	FEC IDENTIFICATION NUMBER C00484584									
(c)	City, State ar		NY	11375	3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER							
I cei	STATUS on affiliation	one of the following situation S BY AFFILIATION: The col and simul n with: tee Name:	mmittee submit taneously quali	ted its Statement of fied as a multicandid								
5.	FEC Identification Number:											
		Name		Office Sought	State/D	istrict	Date					
	(i)	MICHAEL A. ARCURI		House	NY	24	12/14/2010					
	(ii)	PETER T HON. KING		House	NY	03	10/13/2010					
	(iii) JAMES L OBERSTAR			House	MN	08	10/19/2010					
	(iv)	JOHN L. MR. MICA		House	FL	07	10/19/2010					
	(v)	THOMAS PETRI		House	WI	06	03/28/2011					
TYP	on: (c) Re sub (d) Qu	ntributors: The committee reserved and to the large examined this Statement and to the large examined the statement and the large examined the statement and the large examined the statement and the statement and the large examined the statement and the large examined the statement and the statemen	as been registe met the above r	ered for at least 6 more equirements on:	onths. FEC	FORM	_•					
NOTE	E: Submissio	on of false, erroneous, or incomplete inf ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		penalties of	2 U.S.C. §437g.					

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M